

***NATIVE WOMEN'S JOURNEY TO WELLNESS***  
**The Montana Breast and Cervical Health Program**  
**2<sup>nd</sup> annual regional conference**  
**HOLIDAY INN**  
**400 10<sup>TH</sup> AVE. S #1**  
**GREAT FALLS, MT 59405**  
**FRIDAY. MAY 1. 2009**



**MAIWHC**

## **Call for Exhibitors**

### **What is the Journey Conference?**

Conference participants are interested in wellness and are active community partners for the recruitment of American Indian women into breast and cervical cancer screening. They are attending the conference to gain access to the tools and knowledge necessary to support cancer control in their communities. Overall wellness is a key component.

### **How can you become involved with the Conference?**

The Montana Breast and Cervical Health Program, Montana American Indian Women's Health Coalition, Indian Health Service and Benefis Health System would like to invite you to participate in promoting a successful conference.

Opportunities include: contributing monetarily as a co-sponsor (partner) of the conference, sponsoring or co-sponsoring a break, speaker, special session and/or displaying an exhibit of pertinent information.

### **Get the Most for Your Involvement!**

The conference is sure to make your participation as satisfying as possible! Some of our valuable benefits include:

- Conference registration fee waived (includes one lunch and one snack).
- Regular breaks explicitly for conference participants to visit exhibits.
- A conference media campaign to increase attendance at the exhibits.
- An exhibit listing in the meeting packet to help attendees find your exhibit.
- Half price for a second table.

***NATIVE WOMEN'S JOURNEY TO WELLNESS CONFERENCE***  
**The Montana Breast and Cervical Health Program**  
**2<sup>ND</sup> ANNUAL regional conference**

FRIDAY, MAY 1, 2009  
HOLIDAY INN  
GREAT FALLS, MONTANA

**Exhibitor registration & agreement**

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Exhibit or Sponsorship:

\_\_\_\_\_

Proposed Contribution for  
Conferenc: \_\_\_\_\_

Needs for Exhibit: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_

Please make checks payable to: CRL Consulting

SEND TO: CRL Consulting

PO Box 30012

Billings, MT 59107

Email inquiries to: [Lita@CRLHealth.com](mailto:Lita@CRLHealth.com)

Exhibit space is limited. We would appreciate your response as soon as possible.

Exhibitor Fee: \$ 75.00 for 8 foot skirted table (no electricity is available at tables)

\_\_\_\_\_ I would like to donate an exhibitor door prize(s). (Give prize description)

\_\_\_\_\_

Payment of the exhibitor fee must be received by April 18, 2009 and should be mailed with this agreement.